

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08/854349

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1		1	
2		1		1		1
3		1		1		1
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TOTAL IND	5		3		3	
TOTAL DEP	15		12		15	
TOTAL CLAIMS	20		15		18	

	IND		DEP		IND		DEP		IND		DEP	
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